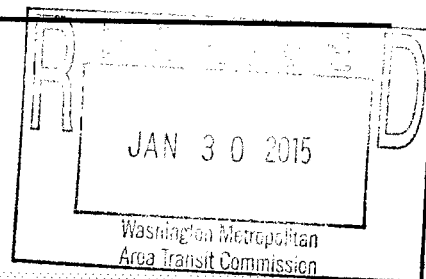


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1544 Martin's Limousine Service, LLC

*WMATC No. *Name of Carrier (as shown on certificate of authority)

7537 Rickenbacker Drive				
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
		Gaithersburg	MD	20879
Mailing Address (If different from street address)	Apt./Suite	City	State	Zip
3012609393		3012609394	info@martinssedanservice.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

1816052			3891
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Julian Martin	President		
*Name	*Title		
3012609393	3016747845		julian@martinssedanservice.com
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail		
Agent Address (must be Inside Metropolitan District)	Apt./Suite	City	State	Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
20	2012	Ford	1FDGF5GY4CEBO8162 ✓	022P80	MD	32	no
21	2012	Ford	1FDGF5GY6CEA13277 ✓	020P68	MD	32	NO
23	2005	Freight liner	1HVBTA5H116705 ✓	015P43	MD	36	NO
24	2014	FORD	1FDUF5GY5EEA38936	025P83	MD	32	NO
25	2015	FORD	1FDGF5GY5FEA42760	028P07	MD	24	YES
31	2008	Cadillac	1GYEC38X8R100514 ✓	08913P	MD	20	no
33	2010	Ford	1FDXE4FS5ADA09590 ✓	015P44	MD	22	NO

7. ***CERTIFICATION:**

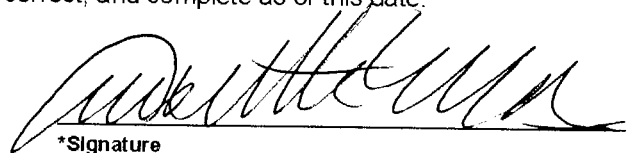
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Amorette Martin

*Name (type or print)

VPO

*Title (not required for sole proprietors)



*Signature

January 29, 2015

*Date